

Docket # _____

Columbus/Bartholomew Planning Department Level II Home-Based Business Application

Has this business already been started on this property? ____ Yes ____ No

If Yes, when was business started? _____

Applicants:

Name(s)

Number Street City State ZIP

Telephone No. _____ FAX No. _____ E-mail _____

Owners (not contract buyers) as shown on the county tax records:

Name(s)

Number Street City State ZIP

Telephone No. _____ FAX No. _____ E-mail _____

Property Location

Address:

Number Street City Zip Code

Subdivision _____ Lot Number _____ Lot Dimensions _____

Lot Size (sq. ft. or acres) _____ Zoning Classification _____

Business Information

Describe this business in detail (type & character of use)

Describe any other activities which take place regularly or frequently on this property (day care, group meetings, parties, etc.)

Location of Home-based Business

_____ within the dwelling _____ attached garage _____ detached garage _____ outdoors
_____ other building (describe)

Size of dwelling _____ sq. ft. Square feet of floor area to be used for business _____

If the business will be in a garage or other accessory building, is this building already on the premises?

_____ Yes _____ No Size of building _____ sq. ft. % of building devoted to business _____%

Is this a seasonal business? _____ Yes _____ No If yes, months of operation _____

Do you plan to make any structural additions, enlargements or exterior alterations to the house?

_____ Yes _____ No

Do you plan to add another driveway or parking area to your property? _____ Yes _____ No

Will there be a separate entrance for the home-based business? _____ Yes _____ No

Traffic & Parking Information

Number of vehicles kept on the premises by those residing in the dwelling _____

How many trips to and from the residence are made each day by persons living in the house (a round-trip counts as two trips)? _____

Location of parking for these vehicles (indicate number parked in the locations listed) _____ garage
_____ driveway _____ on street _____ in yard areas _____ other (explain)

Number of vehicles expected to be parked at the premises by clients, visitors, customers, etc. _____

Will there be any pick-ups or deliveries (UPS, Federal Express, etc.) to this house related to the business?

_____ Yes _____ No

If yes, answer the following questions:

How many deliveries will there be each week? _____

What types of vehicles will make those deliveries? _____ UPS trucks _____ Cars _____ Semis

_____ Other (explain)

Business Operation Information

Name of person who will operate business _____

Does this person reside on the premises? _____ Yes _____ No

Will this business create any of the following:

Yes	No	
_____	_____	Noise
_____	_____	Heat
_____	_____	Glare
_____	_____	Odor
_____	_____	Traffic

Number of clients, customers, or students _____ per _____.

Maximum number of clients, customers, or students who will be on the premises at any one time _____

Describe any exterior lighting to be used on this property:

Will there be any sign associated with the home-based business? _____ Yes _____ No

If yes, indicate the following: Size of Sign _____ Location of sign _____

Will there be any hazardous materials stored or used or any hazardous conditions created in relation to the home-based business other than those which are customary and usual for residential use of the property?

_____ Yes _____ No

I swear or affirm under penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief

_____	_____
Applicant's Signature	Date

I authorize this application and authorize the plan commission, its staff, and such other persons as the staff may deem appropriate to enter upon the property involved in this request for the purpose of analyzing this request.

_____	_____
Owner's Signature	Date